## AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013-14 REGULAR SESSION

## ASSEMBLY BILL

No. 582

## **Introduced by Assembly Member Chesbro**

February 20, 2013

An act to-amend repeal and add Section 14105.485 of the Welfare and Institutions Code, relating to Medi-Cal.

## LEGISLATIVE COUNSEL'S DIGEST

AB 582, as amended, Chesbro. Medi-Cal:—eustom complex rehabilitation-technology services. technology.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law requires the department to establish a list of covered services and maximum allowable reimbursement rates for durable medical equipment and requires the list to be published in provider manuals. Existing law requires a provider of custom rehabilitation equipment and custom rehabilitation technology services, as defined, to have a qualified rehabilitation professional on staff, as prescribed, and requires a medical provider to conduct a physical examination of an individual before prescribing a motorized wheelchair or scooter for a Medi-Cal beneficiary.

This bill would require the department, for purposes of establishing reimbursement rates, to recognize custom rehabilitation technology services, as defined, as a separate benefit.

This bill would recast these provisions to apply to complex rehabilitation technology, as defined. The bill would require that  $AB 582 \qquad \qquad -2 -$ 

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complex rehabilitation technology be recognized as a separate benefit by the Medi-Cal program in both fee-for-service and managed care delivery systems and would require that the technology be reimbursed through a specified methodology. The bill would require complex rehabilitation technology be subject to a prior authorization process, as specified, and would authorize the department to adopt additional utilization controls, as appropriate.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. It is the intent of the Legislature to do all of the 2 following:

- (a) Provide the support necessary for patients with complex rehabilitation technology needs to stay in their homes or community settings, prevent avoidable institutionalization, and reduce secondary medical complications.
- (b) Ensure adequate access to appropriate complex rehabilitation technology and support services for complex needs patients.
- (c) Recognize the value of preventive and specialized services in the treatment of complex needs patients.
  - (d) Acknowledge the importance of the hands-on professional resources required for effective evaluation and configuration of complex rehabilitation technology.
  - (e) Establish or improve safeguards related to the delivery of complex rehabilitation technology.
  - (f) Ensure cost efficiency in the provision of complex rehabilitation technology.
- 19 SEC. 2. Section 14105.485 of the Welfare and Institutions Code 20 is repealed.
  - 14105.485. (a) Commencing July 1, 2006, any provider of custom rehabilitation equipment and custom rehabilitation technology services to a Medi-Cal beneficiary shall have on staff, either as an employee or independent contractor, or have a contractual relationship with, a qualified rehabilitation professional who was directly involved in determining the specific custom
- 27 rehabilitation equipment needs of the patient and was directly

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involved with, or closely supervised, the final fitting and delivery of the custom rehabilitation equipment.

- (b) Commencing January 1, 2006, a medical provider shall conduct a physical examination of an individual before prescribing a motorized wheelchair or scooter for a Medi-Cal beneficiary. The medical provider shall complete a certificate of medical necessity, developed by the department, that documents the medical condition that necessitates the motorized wheelchair or scooter, and verifies that the patient is capable of using the wheelchair or scooter safely.
  - (c) For purposes of this section, the following definitions apply:
- (1) "Custom rehabilitation equipment" means any item, piece of equipment, or product system, whether modified or customized, that is used to increase, maintain, or improve functional capabilities with respect to mobility and reduce anatomical degradation and complications of individuals with disabilities. Custom rehabilitation equipment includes, but is not limited to, nonstandard manual wheelchairs, power wheelchairs and seating systems, power scooters that are specially configured, ordered, and measured based on patient height, weight, and disability, specialized wheelchair electronics and cushions, custom bath equipment, standers, gait trainers, and specialized strollers.
- (2) "Custom rehabilitation technology services" means the application of enabling technology systems designed and assembled to meet the needs of a specific person experiencing any permanent or long-term loss or abnormality of physical or anatomical structure or function with respect to mobility. These services include, but are not limited to, the evaluation of the needs of a patient with a disability, including an assessment of the patient for the purpose of ensuring that the proposed equipment is appropriate, the documentation of medical necessity, the selection, fit, eustomization, maintenance, assembly, repair, replacement, pick up and delivery, and testing of equipment and parts, and the training of an assistant caregiver and of a patient who will use the equipment or individuals who will assist the client in using the equipment.
- (3) "Qualified rehabilitation professional" means an individual to whom any one of the following applies:
- (A) The individual is a physical therapist licensed pursuant to the Business and Professions Code, occupational therapist licensed

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pursuant to the Business and Professions Code, or other qualified
health care professional approved by the department.

- (B) The individual is a registered member in good standing of the National Registry of Rehabilitation Technology Suppliers (NRRTS), or other credentialing organization recognized by the department.
- (C) The individual has successfully passed one of the following eredentialing examinations administered by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA):
  - (i) The Assistive Technology Supplier examination.
  - (ii) The Assistive Technology Practitioner examination.
  - (iii) The Rehabilitation Engineering Technologist examination.
- SEC. 3. Section 14105.485 is added to the Welfare and Institutions Code, to read:
- 14105.485. (a) For purposes of this section, the following definitions apply:
- (1) "Complex rehabilitation technology" means any item, piece of equipment, or product system, whether modified or customized, that is used to increase, maintain, or improve functional capabilities with respect to mobility and reduce anatomical degradation and complications of individuals with disabilities. Complex rehabilitation technology includes, but is not limited to, nonstandard manual wheelchairs, power wheelchairs, and seating systems that are specially configured, ordered, and measured based on patient height, weight, and disability, specialized wheelchair electronics and cushions, custom bath equipment, standers, gait trainers, and specialized strollers.
- (2) "Complex rehabilitation technology services" includes the application of enabling systems designed and assembled to meet the needs of a patient experiencing any permanent or long-term loss or abnormality of physical or anatomical structure or function with respect to mobility. These services include, but are not limited to, the evaluation of the needs of a patient with a disability, including an assessment of the patient for the purpose of ensuring that the proposed equipment is appropriate; the documentation of medical necessity; the selection, fit, customization, maintenance, assembly, repair, replacement, pick up and delivery, and testing of equipment and parts; and the training of an assistant caregiver

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and of the patient who will use the technology or individuals who will assist the complex needs patient in using the technology.

- (3) "Complex rehabilitation technology provider" means a company or entity that complies with all of the following:
- (A) Meets the supplier and quality standards established for a durable medical equipment supplier under the Medicare Program and is enrolled as a provider in the Medi-Cal program.
- (B) Is accredited by a recognized accrediting organization as a supplier of complex rehabilitation technology.
- (C) Employs or contracts with at least one qualified rehabilitation technology professional for each distribution location.
- (D) Has the qualified rehabilitation technology professional physically present for the evaluation and determination of the complex rehabilitation technology provided.
- (E) Maintains a reasonable supply of parts, adequate physical facilities, and qualified service or repair technicians, and provides patients with prompt services and repair for all complex rehabilitation technology supplied.
- (4) "Qualified rehabilitation technology professional" means an individual to whom any one of the following applies:
- (A) The individual is a physical therapist licensed pursuant to Chapter 5.7 (commencing with Section 2600) of Division 2 of the Business and Professions Code, occupational therapist licensed pursuant to Chapter 5.6 (commencing with Section 2570) of Division 2 of the Business and Professions Code, or other qualified health care professional approved by the department.
- (B) The individual is a registered member in good standing of the National Registry of Rehabilitation Technology Suppliers (NRRTS), and holds the designation of Certified Complex Rehabilitation Technology Specialist.
- (C) The individual has successfully passed the credentialing examination and received the credential of Assistive Technology Professional (ATP) from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA).
- (b) Complex rehabilitation technology shall be recognized as a separate benefit by the Medi-Cal program in both fee-for-service and managed care delivery systems.
- 39 (c) Any provider of complex rehabilitation technology to a 40 Medi-Cal beneficiary shall have on staff, either as an employee

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or independent contractor, or have a contractual relationship with, a qualified rehabilitation technology professional who is directly involved in determining the specific complex rehabilitation technology needs of the patient and is directly involved with, or closely supervised, in the final fitting and delivery of the complex rehabilitation technology.

- (d) A medical provider shall conduct a physical examination of a patient who is a Medi-Cal beneficiary before prescribing complex rehabilitation technology. The medical provider shall complete a certificate of medical necessity, developed by the department, that documents the medical condition that necessitates the technology and verifies that the patient is capable of using the technology safely.
- (e) Notwithstanding Section 14133.05, complex rehabilitation technology shall be subject to a prior authorization process in which services are approved based on the medical, physical, and functional needs of the patient, as demonstrated in documents prescribed by the department. Prior authorization may be obtained through the treatment authorization request process set forth in Section 51321 of Title 22 of the California Code of Regulations. The department may adopt additional utilization controls for complex rehabilitation technology, as appropriate.
- (f) (1) Subject to paragraph (2), complex rehabilitation technology shall be reimbursed through the methodology described in Section 14105.48.
- (2) Notwithstanding Section 14105.48, the upper billing limit calculated pursuant to Section 51008.1 of Title 22 of the California Code of Regulations for complex rehabilitation technology shall reflect both net acquisition cost and labor cost attributable to the product or service, as determined from a labor index provided by a nationally recognized professional organization selected by the department based on the organization's expertise in the provision of complex rehabilitation technology. If a claim for an item of complex rehabilitation technology contains multiple claim lines or multiple Healthcare Common Procedure Coding System (HCPCS) codes, the upper billing limit calculation shall be based on the sum of multiple lines or multiple codes associated with the completed item, with the addition of labor costs calculated as described in this subdivision.

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(g) Contracts initiated by the department with managed care plans shall be consistent with the requirements of this section.

SECTION 1. Section 14105.485 of the Welfare and Institutions Code is amended to read:

14105.485. (a) Commencing July 1, 2006, any provider of eustom rehabilitation equipment and custom rehabilitation technology services to a Medi-Cal beneficiary shall have on staff, either as an employee or independent contractor, or have a contractual relationship with, a qualified rehabilitation professional who was directly involved in determining the specific custom rehabilitation equipment needs of the patient and was directly involved with, or closely supervised, the final fitting and delivery of the custom rehabilitation equipment.

- (b) Commencing January 1, 2006, a medical provider shall conduct a physical examination of an individual before prescribing a motorized wheelchair or scooter for a Medi-Cal beneficiary. The medical provider shall complete a certificate of medical necessity, developed by the department, that documents the medical condition that necessitates the motorized wheelchair or scooter, and verifies that the patient is capable of using the wheelchair or scooter safely.
  - (c) For purposes of this section, the following definitions apply:
- (1) "Custom rehabilitation equipment" means any item, piece of equipment, or product system, whether modified or customized, that is used to increase, maintain, or improve functional capabilities with respect to mobility and reduce anatomical degradation and complications of individuals with disabilities. Custom rehabilitation equipment includes, but is not limited to, nonstandard manual wheelchairs, power wheelchairs and seating systems, power scooters that are specially configured, ordered, and measured based on patient height, weight, and disability, specialized wheelchair electronics and cushions, custom bath equipment, standers, gait trainers, and specialized strollers.
- (2) "Custom rehabilitation technology services" means the application of enabling technology systems designed and assembled to meet the needs of a specific person experiencing any permanent or long-term loss or abnormality of physical or anatomical structure or function with respect to mobility. These services include, but are not limited to, the evaluation of the needs of a patient with a disability, including an assessment of the patient for the purpose of ensuring that the proposed equipment is appropriate, the

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documentation of medical necessity, the selection, fit, customization, maintenance, assembly, repair, replacement, pick up and delivery, and testing of equipment and parts, and the training of an assistant caregiver and of a patient who will use the equipment or individuals who will assist the client in using the equipment.

- (3) "Qualified rehabilitation professional" means an individual to whom any one of the following applies:
- (A) The individual is a physical therapist licensed pursuant to the Business and Professions Code, occupational therapist licensed pursuant to the Business and Professions Code, or other qualified health care professional approved by the department.
- (B) The individual is a registered member in good standing of the National Registry of Rehabilitation Technology Suppliers (NRRTS), or other credentialing organization recognized by the department.
- (C) The individual has successfully passed one of the following eredentialing examinations administered by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA):
  - (i) The Assistive Technology Supplier examination.
  - (ii) The Assistive Technology Practitioner examination.
  - (iii) The Rehabilitation Engineering Technologist examination.
- (d) Notwithstanding Section 14105.48 or any other law, and for purposes of establishing reimbursement rates, the department shall recognize custom rehabilitation technology services, as defined in paragraph (2) of subdivision (c), as a separate benefit.